

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Medical Assistance Administration  
Olympia, Washington**

**To:** Ambulatory Surgery Centers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No.:** 01-80 MAA  
**Issued:** December 24, 2001

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Contact:**  
1-800-562-6188

**Subject:** Ambulatory Surgery Centers - Year 2002 Changes and Additions to CPT® and HCPCS codes

**Effective for claims with dates of service on and after January 1, 2002**, the Medical Assistance Administration (MAA) will begin using the Year 2002 CPT® and HCPCS Level II code additions as discussed in this memorandum. New Ambulatory Surgery Center (ASC) codes and groupings are included in this memorandum.

**Old Codes**

All procedure code maximum allowable fees that are not listed in this numbered memorandum remain at the July 1, 2001, level. **Do not use** CPT® and HCPCS codes that are deleted in “Year 2002 CPT®” and “Year 2002 HCPCS” after December 31, 2001, dates of service.



**Note:** Due to its licensing agreement with the American Medical Association regarding the use of CPT® codes and descriptions, MAA now publishes only the official brief descriptions for all procedure codes. Please refer to your current CPT® book for full descriptions.

**Deleted CPT® Codes**

The following CPT® codes have been deleted:

26585	26597	29815	54510
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CPT stands for Current Procedural Terminology

HCPCS stands for Health Care Financing Administration Common Procedure Coding System

**CPT® is a registered trademark of the American Medical Association.  
CPT® codes and descriptions are copyright 2001 American Medical Association.**

**Added CPT® Codes**

The following procedure codes have been added to those billable by an ASC:

<b>Procedure Code</b>	<b>Group</b>	<b>Procedure Code</b>	<b>Group</b>
25024	3	25025	3
25275	4	25671	1
29805	3	29806	3
29807	3	29824	5
29900	3	29901	3
29902	3	36819	3
36820	3	46020	3
52001	2	53431	2
53444	2	53445	1
53446	1	54162	2
54163	2	54164	2
54512	2	64581	1

**Maximum Allowable Fee Updates and Grouping Changes**

- Corneal Processing**

Retroactive for claims with dates of service on and after September 1, 2001, MAA increased the fee for corneal processing as follows:

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowable Fee</b>
V2785	Processing, preserving and transporting corneal tissue	\$1,850.00

- Sterilization**

Retroactive to dates of service on and after July 1, 2001, MAA regrouped CPT® codes **58670** and **58671** to an ASC group of 5.

- Intraocular Lenses**

Effective for claims with dates of service on and after January 1, 2002, MAA will allow the HCPCS add-on codes **Q1001** and **Q1002** for new technology intraocular lenses, with a maximum allowable fee of **\$50.00**.

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov> (Click on the Provider Publications/Fee Schedules link).